CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Wayne Salem, Treasurer — Sunrise Healthcare System Good Government PAC Fund

Name (print) — Office (if applicable) — District (if applicable)

3186 S. Maryland Parkway, Las Vegas, NV 89109 — (702) 731-8148

Mailing Address (include city and zip code) — Telephone No.

wayne.salem@hcahealthcare.com

E-Mail Address

Select Appropriate Box(es) ☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ NONPROFIT CORP

☐ AMENDED ☐ ANNUAL FILING ☐ PETITIONERS WHO INITIATE/CIRCULATE PETITION & RECEIVE OR EXPEND FUNDS IN EXCESS OF 10K

☐ **Annual Filing - Due January 15, 2006**
Period: January 1, 2005 – December 31, 2005

☒ **Report #1 — Due August 8, 2006***
Period: Jan. 1, 2006 — Aug 3, 2006

☐ **Report #2 Due — October 31, 2006***
Period: Aug. 4, 2006 — Oct. 26, 2006

☐ **Report #3 Due — January 15, 2007*/****
Period: Oct. 27, 2006 — Dec. 31, 2006

☐ **Annual Filing – Due January 15, 2007**
Period: January 1, 2006 – December 31, 2006

FILE 788
AUG 07 2006
DEAN HELLER
SECRETARY OF STATE
FOR OFFICE USE ONLY

*** These Reports are filed by incumbents/candidates running for office in the 2006 election cycle**
**** Third Report suffices for 2007 Annual Filing if candidate also filed Report Nos. 1 and 2**

CONTRIBUTIONS SUMMARY

	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1. Total Monetary Contributions Received in Excess of $100 **(See page 1 of instruction sheet)**	$88,900.000	$88,900.000
2. Total Monetary Contributions Received of $100 or Less **(See page 2 of instruction sheet)**	0	0
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (**See page 2 of instruction sheet)**	0	0
4. Total Monetary Contributions in the form of loans that were forgiven **(See page 2 of instruction sheet)**	0	0

	This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period		
5. **Total Amount of Monetary Contributions Received** (Add Lines 1 through 4) **(See page 2 of instruction sheet)**			$88,900.000	$88,900.000
6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind)) **(See page 2 of instruction sheet)**	0	0		
7. Total Value of In Kind Contributions Received in Excess of $100 **(See page 2 of instruction sheet)**	0	0		

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of $100 **(See page 2 of instruction sheet)**			$24,500.00	$24,500.00
9. Total Monetary Expenses Paid of $100 or Less **(See page 2 of instruction sheet)**			$20.00	$20.00
10. **Total Amount of All Monetary Expenses Paid** (Add Lines 8 and 9) **(See page 2 of instruction sheet)**			$24,520.00	$24,520.00
11. Total Value of In Kind Expenses in Excess of $100 **(See page 3 of instruction sheet)**	0	0		
12. Disposition of Unspent Contributions **(Only reported on Report #3 , Annual Report or 15th day of the second month after candidates defeat or incumbent does not run for reelection)** **(See page 3 of instruction sheet)**				

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Wayne P. Salem — 8/3/06

Signature — Date

CAMPAIGN CONTRIBUTIONS

Report Period **# 1**

Wayne Salem, Treasurer — Name (print)

Sunrise Healthcare System Good Government PAC Fund — Office (if applicable)

District (if applicable)

Contributions in Excess of $100 or, When Added Together from One Contributor Exceeds $100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3RD PARTY IF LOAN GUARANTEED BY 3RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
Southern Hills Hospital 9300 W Sunset Las Vegas, NV 89148	1/17/06	$7,900.00	----------		
MountainView Hospital 3100 N. Tenaya Way Las Vegas, NV 89128	2/2/06	$15,000.00	----------		
Sunrise Hospital and Medical Center 3186 S. Maryland Parkway Las Vegas, NV 89109	2/6/06	$13,500.00	----------		
Sunrise Hospital and Medical Center 3186 S. Maryland Parkway Las Vegas, NV 89109	7/05/06	$25,000.000	----------		
MountainView Hospital 3100 N. Tenaya Way Las Vegas, NV 89128	7/17/06	$15,000.00	----------		
Southern Hills Hospital 9300 W Sunset Las Vegas, NV 89148	7/18/06	$12,500.00	----------		

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WRITTEN COMMITMENTS

Report Period **# 1**

Wayne Salem, Treasurer — Name (print)

Sunrise Healthcare System Good Government PAC Fund — Office (if applicable)

District (if applicable)

Written Commitments in Excess of $100 or, When Added Together from One Entity Exceeds $100
Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT
NONE ----------	----------	----------

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CAMPAIGN EXPENSES

Report Period # 1

Wayne Salem, Treasurer — Name (print)

Sunrise Healthcare System Good Government PAC Fund — Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

***** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.***

Wayne Salem, Treasurer — Name (print)
Sunrise Healthcare System Good Government PAC Fund — Office (if applicable)
District (if applicable)

Expenses in Excess of $100
Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Assemblywoman Barbara Buckley 5442 Holbrook Dr. Las Vegas, NV 89103	J	1/26/06	$1,000.00
Joe Heck for Senate 5 P.O. Box 530520 Henderson, NV 89053	J	2/17/06	$1,000.00
Clark County Republican Party 574 S. Decatur Las Vegas, NV 89107	J	2/17/06	$3,000.00
Senate Republican Leadership Conf. P.O. Box 281 Reno, NV 89504	J	3/24/06	$500.00
Jim Gibbons for Governor 4-13-06 475 S. Arlington, Suite 2C Reno, NV 89501	J	4/27/06	$1,000.00
Gibbons for Governor 4-19-06 475 S. Arlington, Suite 2C Reno, NV 89501	J	4/27/06	$1,000.00
Campaign to re-elect Conklin - Assembly Marcus Conklin 1600 Parlmar Way Las Vegas, NV 89128	J	5/08/06	$1,000.00
Campaign to re-elect Senator Care Terry Care 4371 Wooderest Rd. Las Vegas, NV 89121	J	5/08/06	$1,000.00
Committee to re-elect Senator Nolan Dennis Nolan P.O. Box 82249 Las Vegas, NV 892249	J	5/08/06	$1,000.00
Committee to re-elect Warren Hardy 6536 Blue Sapphire Ct. Las Vegas, NV 89110	J	5/08/06	$1,000.00
Barbra Cegavske – State Senator 6465 Laredo St. Las Vegas, NV 89146	J	5/08/06	$500.00
Valerie Weber – State Assembly 10001 Harpoon Cr. Las Vegas, NV 89117	J	5/08/06	$500.00

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CAMPAIGN EXPENSES

Report Period **# 1**

Wayne Salem, Treasurer — Name (print)

Sunrise Healthcare System Good Government PAC Fund — Office (if applicable)

District (if applicable)

Expenses in Excess of $100
Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Bob Coffin – State Senate 1139 5th Place Las Vegas, NV 89104	J	5/08/06	$500.00
Garn Mabey – State Assembly 1404 Silver Oaks Las Vegas, NV 89117	J	5/08/06	$1,000.00
Randolph Townsend – State Senate P.O. Box 20921 Reno, NV 89535	J	5/08/06	$1,000.00
Mark Amodei – State Senate 805 W. Sunset Way Carson City, NV 89703	J	5/08/06	$1,000.00
Maurice Washington – State Senate P.O. Box 1166 Sparks, NV 89432	J	5/08/06	$1,000.00
Jim Gibson – Governor City of Henderson Henderson, NV	J	6/15/06	$1,000.00
Bob McCleary – Assembly 2205 Flower Ave. North Las Vegas, NV 89030	J	6/15/06	$1,000.00
NHA HealthPAC 5250 Neil Road, Suite 202 Reno, NV 89502	J	6/15/06	$5,000.00
Barbara Cegavske – Senate 6465 Laredo St. Las Vegas, NV 89146	J	6/22/06	$1,000.00
Marilyn Kirkpatrick – Assemblywoman 4747 Showdown Drive N. Las Vegas, NV 89103	**J**	**Original expense recorded for 1/05/05 Stop payment made on 6/08/06**	**($500.00)**

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IN KIND CONTRIBUTIONS AND EXPENSES REPORT

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.
In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: *(1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.*

Example of in kind expenses: *(1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.*

IN KIND CAMPAIGN CONTRIBUTIONS

Report Period **# 1**

Wayne Salem, Treasurer — Name (print)

Sunrise Healthcare System Good Government PAC Fund — Office (if applicable)

District (if applicable)

IN KIND

Contributions in Excess of $100 or, When Added Together from One Contributor Exceeds $100
Transfer Total Value of All In-Kind Campaign Contributions to Line 7 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRI-BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3RD PARTY IF LOAN GUARANTEED BY 3RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN
NONE ----------	----------	----------	----------	----------	----------	----------

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IN KIND
WRITTEN COMMITMENTS

Report Period **# 1**

Wayne Salem, Treasurer — Name (print)
Sunrise Healthcare System Good Government PAC Fund — Office (if applicable)
District (if applicable)

In Kind Written Commitments in Excess of $100 or, When Added Together from One Entity Exceeds $100
Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE IN KIND COMMIITMENT	DATE OF EACH IN KIND COMMITMENT	AMOUNT OF EACH IN KIND COMMITMENT
NONE ----------	----------	----------

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IN KIND CAMPAIGN EXPENSES

Report Period **# 1**

Wayne Salem, Treasurer — Name (print)

Sunrise Healthcare System Good Government PAC Fund — Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of $100
Transfer Total Value of All In-Kind Campaign Expenses to Line 11 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
NONE ----------	----------	----------	----------

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Prescribed by Secretary of State
NRS 294A.120, 294A.125,
294A.140, 294A.150, 294A.160
294A.200, 294A.210, 294A.220, 294A.362